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OCT 04 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: FILIPP

In re Application of:)
HORST FILIPP) Examiner: Flemming Saether
Appl. No: 09/977,451) Group Art Unit: 3677
Filed: October 15, 2001)
For: SPREADER DOWEL)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above application.

1. Submission required under 37 C.F.R. §1.114
 - a. ☐ Previously submitted
 - i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116, previously filed on
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
 - iii. ☐ Other

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10/18/2004 WBRDWN 00000001 060502 09977451
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Docket No: FILUP
Appl. No: 09/977,451

- b. ☒ Enclosed
- i. ☒ Amendment/reply.
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☐ Other

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103 (c) for a period of _____ months.
(Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(f) required)
- b. ☐ Other

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.

- a. ☒ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-0502.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. ☒ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - iii. ☐ Other
- b. ☐ Check in the amount of \$ enclosed
- c. ☐ Payment by credit card (From PTO-2038 enclosed)
- d. ☒ The Commissioner is hereby authorized to charge any additional fees that may be required, or credit any overpayments, to Deposit Account No. 06-0502.

Respectfully submitted,

By: _____

Henry M. Feiereisen
Agent for Applicant
Reg. No. 31,084

Date: October 4, 2004
350 Fifth Avenue, Suite 4714
New York, N.Y. 10118
(212) 244-5500
HMF:af

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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HORST FILIPP) Examiner: Flemming Saether
Appl. No: 09/977,451) Group Art Unit: 3677
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PRELIMINARY AMENDMENT**RECEIVED
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OCT 04 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

This communication is submitted preliminary to the issuance of a first Official Action in the above-entitled application.

The Commissioner is hereby also authorized to charge any fees which may be required during the pendency of this application, including any patent application processing fees under 37 C.F.R. 1.17, and any filing fees under 37 C.F.R. 1.16, including presentation of extra claims, or credit any overpayment to Deposit Account No: 06-0502.

Please amend the above-entitled application as follows:

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09977451
FILIPP

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 = *	2
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	18	OR	X\$18=	
X42=	—	OR	X84=	
+140=	—	OR	+280=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 25 Minus ** 22	= 3
	Independent	* 2 Minus *** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
CE RATE				
39.5				
X\$ 9=	27.00	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	422.00	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.